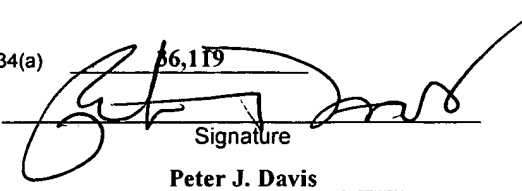




| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   |    | Docket No. (Optional)<br>472552000100 |  |  |    |  |  |    |               |   |    |  |  |    |  |  |    |  |
|--|----|---------------------------------------|--|--|----|--|--|----|---------------|---|----|--|--|----|--|--|----|--|
| In re Application of <b>Katsuya DAIMON et al.</b>  |    |                                       |  |  |    |  |  |    |               |   |    |  |  |    |  |  |    |  |
| Application Number<br><b>09/548,717</b>  |    | Filed<br><b>April 13, 2000</b>        |  |  |    |  |  |    |               |   |    |  |  |    |  |  |    |  |
| For: <b>METHOD OF EXTRACTING NUCLEIC ACIDS USING PARTICULATE CARRIER</b>   |    |                                       |  |  |    |  |  |    |               |   |    |  |  |    |  |  |    |  |
| Art Unit <b>1637</b>   |    | Examiner <b>S. CHUNDURU</b>           |  |  |    |  |  |    |               |   |    |  |  |    |  |  |    |  |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$</td><td></td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td><td><b>420.00</b></td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td><td></td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <b>03-1952</b></p> <p><del>I have enclosed a duplicate copy of this sheet.</del> Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p>I am the <input type="checkbox"/> applicant/inventor.<br/><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br/><input type="checkbox"/> attorney or agent of record. Registration Number _____<br/><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br/>Registration number if acting under 37 CFR 1.34(a) <b>36,119</b></p> <p><b>July 9, 2004</b><br/>Date</p> <p><b>(703) 760-7748</b><br/>Telephone Number</p> <p><br/>Signature</p> <p><b>Peter J. Davis</b><br/>Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input type="checkbox"/> Total of <b>1</b> forms are submitted.</p> |    |                                       |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ |  | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | <b>420.00</b> | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ |  | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ |  | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |  |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$ |                                       |  |  |    |  |  |    |               |   |    |  |  |    |  |  |    |  |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$ | <b>420.00</b>                         |  |  |    |  |  |    |               |   |    |  |  |    |  |  |    |  |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$ |                                       |  |  |    |  |  |    |               |   |    |  |  |    |  |  |    |  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$ |                                       |  |  |    |  |  |    |               |   |    |  |  |    |  |  |    |  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$ |                                       |  |  |    |  |  |    |               |   |    |  |  |    |  |  |    |  |

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